

Exam./Williams - Highfield

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1 A. The information for the intake assessment from
2 the PI?

3 Q. Yes.

4 A. I got that from Ryan's mother.

5 Q. Now, after Ryan Schorr's elopement, did you
6 have any further involvement in the situation?

7 A. Out of courtesy, I called Mom to let her know
8 that Ryan eloped, and if she hears from him
9 please try to encourage him to come back, and
10 call the police to bring him back because he
11 needs treatment.

12 Q. When you called Susan Schorr, did you speak
13 with her directly or--

14 A. Yes.

15 Q. Did you make any telephone calls to Ryan
16 Schorr's residence?

17 A. I don't recall.

18 Q. You don't recall one way or the other?

19 A. No.

20 Q. Do you know if anyone else did from the
21 hospital?

22 A. No, I don't know.

23 Q. All right. Did you ever speak to Ryan Schorr's
24 roommate?

25 A. No.

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1 Q. Other than Ryan Schorr's mother, did you speak
2 with any other members of his family?

3 A. No.

4 Q. Did you speak to the police officers who
5 brought Ryan Schorr into the hospital?

6 A. No. Maybe, like, a nod in passing. I mean,
7 they might have brought him in and said, this
8 is Ryan. I mean, most police officers know to
9 take a patient to Room 17.

10 Q. I understand. And I know you told me that it
11 was Carol who called the police, but did you
12 speak with the police when she called?

13 A. No.

14 Q. All right. I have no further questions for
15 you.

16 EXAMINATION

17 BY MR. MacMAIN:

18 Q. My name's David MacMain. We met before the
19 deposition. I represent the police department.
20 I just had a couple of questions. You used the
21 term "called the police". Do you know if they
22 actually spoke to the police or spoke to the
23 911 center?

24 A. I'm not sure.

25 Q. So when you used the term "police"--

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1 A. It could have been 911 and/or the police,
2 that's correct.

3 Q. You said that Ryan had had some prior dealings
4 here to your knowledge with Dr. Rameriz and Dr.
5 de la Cruz?

6 A. Yes. According to Mom, those were his
7 outpatient providers. In gathering a history
8 with Mom, part of the social work process in
9 gathering an intake assessment is when you're
10 thinking about committing a person to a
11 hospital, you're also thinking about, because
12 stays are short unfortunately with insurances,
13 and once you've got the patient stabilized,
14 you're thinking aftercare.

15 They train social workers to think of
16 that. So one of the things I like to be real
17 detailed about is where a patient being seen
18 currently, who was his provider when he was
19 last seen, what else has happened, because it
20 gives the inpatient staff a lot of information
21 to help with his treatment.

22 Q. Now, these doctors, I thought you had said that
23 they were drug and alcohol specialists?

24 A. Dr. Rameriz is what you would call a
25 psychologist. He's a licensed psychologist.

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1 He specializes in dual diagnosis, mental health
2 patients who deal with substance or alcohol
3 abuse.

4 Q. So when you say substance, you don't mean the
5 medication that is properly diagnosed as
6 opposed to illegal drugs?

7 A. Correct. That means, like, drugs, street drugs
8 or alcohol.

9 Q. Was it your understanding when you gathered the
10 information from Mrs. Schorr that Ryan also had
11 some substance abuse problems?

12 A. When I asked Mrs. Schorr about Ryan's drug and
13 alcohol use, she was unsure. It was apparent
14 that he had a history in the past of drug and
15 alcohol use. But she was not sure of his
16 current use or if he had used that day.

17 Q. You said "it was apparent". Was "it was
18 apparent" because he had received treatment
19 from Dr. Rameriz?

20 A. Dr. Rameriz, yes.

21 Q. When you spoke to Mrs. Schorr, did she indicate
22 any concern that Ryan may be violent?

23 A. She indicated that he had made some threats
24 toward his roommate, but she did not indicate
25 that he had hurt -- physically hurt his

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1 roommate or hurt anybody else.

2 She also made the comment to me that

3 usually once in the hospital he calms down and
4 he's cooperative.

5 Q. Did she indicate that during any other periods
6 of hospitalization or other than this
7 particular occasion that he had any violent
8 history?

9 A. No. I mean, she was not very pleased with
10 Edgewater's care, but--

11 Q. Is Edgewater a private mental health facility?

12 A. It was a private-- It's a private psychiatric
13 center on Front Street in Harrisburg. It was.
14 They no longer-- As far as an inpatient unit,
15 they no longer exist. I think Northwestern
16 bought them out.

17 I do -- and I didn't write this down. And
18 I didn't do it -- I do recall her saying, tell
19 him if he doesn't listen to you, you'll put him
20 in Edgewater. Therefore, he'll think that Holy
21 Spirit is wonderful. And I didn't do that, of
22 course.

23 Q. Did Edgewater specialize in a particular type
24 of mental health?

25 A. No, no, it's just another inpatient mental

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1 health unit.

2 Q. Now, you said you called Mrs. Schorr after Ryan
3 had eloped from the hospital?

4 A. Yes, because she's his support system. She's
5 his mother. If she would hear that he went
6 back to his apartment or went to her house,
7 that she would call the police.

8 Q. Do you remember any details about that
9 conversation you may have said, she may have
10 said?

11 A. I informed her that he eloped from the
12 hospital. I informed her that I went to give
13 him his rights. She would be familiar with me
14 legally having to give the 302 rights. And he
15 shoved me, and she was apologetic in him
16 shoving me.

17 Q. At that point, did she express any concern that
18 Ryan might be violent?

19 A. No. Just concern that we bring him back to the
20 hospital for treatment.

That's all the questions I have.

REEXAMINATION

23 BY MR. WILLIAMS:

24 Q. I actually have a couple short follow-up
25 questions. Because Dr. Rameriz had provided

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1 treatment and his work is in dual diagnosis,
2 you had some understanding that Ryan Schorr at
3 least had some history of substance abuse. Is
4 that accurate?

5 A. Yes.

6 Q. First of all, did you have any knowledge or
7 understanding as to what substance he had
8 abused?

9 A. No.

10 Q. And from his visit to the hospital in November
11 of 2000 and any contacts you may have had with
12 other staff or from another source, did you
13 have an understanding that he had been using
14 that day? When I say "using"--

15 A. No.

16 Q. And when I say "using", I mean abusing some
17 substance.

18 A. No.

19 Q. Did anyone express to you the idea that he
20 appeared to be abusing a substance?

21 A. No. And I specifically asked Mom if she knew
22 if he had used any drugs or alcohol in this
23 time period, and she didn't know. She was
24 unsure.

25 Q. And what about other personnel from Holy Spirit

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1 Hospital? Did anyone indicate to you an
2 impression that Ryan Schorr had been abusing a
3 substance?

4 A. That day, no.

5 Q. And did you have the opportunity to make any
6 observations which would lead you one way or
7 another to conclude that Ryan Schorr had been
8 abusing a substance?

9 A. No.

10 Q. That's all I have. Thank you.

11 MR. YANINEK: I don't have any questions.
12 Thank you.

13 (The proceedings concluded at 4:39 p.m.)

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COMMONWEALTH OF PENNSYLVANIA :
: SS
COUNTY OF DAUPHIN :
:

I, Debra L. Heary, Reporter and Notary Public in and for the Commonwealth of Pennsylvania and County of Dauphin, do hereby certify that the foregoing deposition was taken before me at the time and place hereinbefore set forth, and that it is the testimony of:

CANDICE HIGHFIELD

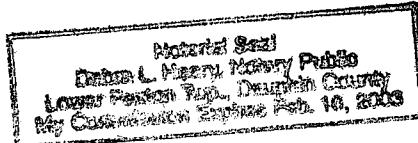
I further certify that said witness was by me duly sworn to testify the whole and complete truth in said cause; that the testimony then given was reported by me stenographically, and subsequently transcribed under my direction and supervision; and that the foregoing is a full, true and correct transcript of my original shorthand notes.

I further certify that I am not counsel for or related to any of the parties to the foregoing cause, or employed by them or their attorneys, and am not interested in the subject matter or outcome thereof.

Dated at Harrisburg, Pennsylvania this 10th day of September, 2002.

Debra L. Heary

Debra L. Heary
Registered Professional Reporter
Notary Public



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Candice Higl
August 30,

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(F)

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

KEITH I. SCHORR and
SUSAN SCHORR,
Plaintiffs
No. 1:01-CV-0930

Judge Kane

vs.

BOROUGH OF LEMOYNE,
BOROUGH OF WORMLEYSBURG,
WEST SHORE REGIONAL POLICE
DEPARTMENT, HOWARD DOUGHERTY,
CHIEF WEST SHORE REGIONAL
POLICE DEPARTMENT, CUMBERLAND
COUNTY, HOLY SPIRIT HOSPITAL,
Defendants

Deposition of : STEVE BUCCIFERO

Taken by : Defendants

Date : August 30, 2002, 11:44 a.m.

Place : 210 Senate Avenue
Camp Hill, Pennsylvania

Before : Debra L. Heary, Notary Public
Registered Professional Reporter

READING AND SIGNING OF DEPOSITON TRANSCRIPT

10/23/02

To be attached to the deposition of _____ Steve Bucciero

Steve Buccifero

Taken on August 30, 2002 in the matter of Schorr v. Borough of Lemoyne et al

Schorr v. Borough of Lemoyne et al

Reporter Debbie Heary

Debbie Heary

INSTRUCTIONS TO DEPONENT: In accordance with the Rules of Civil Procedure (reproduced on the reverse side for your information), we are submitting and making available to you this transcript of your testimony for your review. Please list the page number, line number, change or correction, and the reason for the change. **PLEASE SIGN** this form and date it. **RETURN THIS FORM** to Filius & McLucas Reporting Service, Inc., 1427 East Market Street, York, PA 17403, within thirty days in the enclosed envelope.

I hereby certify that I have read my deposition transcript and that it is, to the best of my knowledge, true and accurate, with the exception of the changes noted above.

10/3/02

Date

Steven P Bucciferro
Signature of Dponent

Signature of Deponent

APPEARANCES

WILLIAMS, CUKER & BEREZOF SKY
By: GERALD J. WILLIAMS, ESQ.

For - Plaintiffs

MONTGOMERY, McCracken, WALKER & RHOADS, LLP
By: DAVID J. MacMAIN, ESQ.

For - Defendants West Shore Regional
Police Department, Howard Dougherty,
Chief West Shore Regional Police
Department

METTE, EVANS & WOODSIDE
By: JOHN F. YANINEK, ESQ.

For - Defendants Cumberland County and
Holy Spirit Hospital

ALSO PRESENT

Fran Charney, RN, Director Risk Management

I N D E X
WITNESS

STEVE BUCCIFERO

Examination

By Mr. Williams

4

1 STIPULATION

2 It is hereby stipulated by and between
3 counsel for the respective parties that
4 sealing, certification and filing are hereby
5 waived; and all objections except as to the
6 form of the question are reserved to the time
7 of trial.

8 STEVE BUCCIFERO, called as a witness,
9 being duly sworn, testified as follows:

10 EXAMINATION

11 BY MR. WILLIAMS:

12 Q. Mr. Buccifero, we've met. I'm going to ask you
13 some questions involving some claims that my
14 clients, the family of Ryan Schorr, brought
15 against Holy Spirit and some others. The whole
16 process taken together is called a deposition.
17 Have you ever given one before?

18 A. Yes.

19 Q. So I won't bother you with all the rules of a
20 deposition other than to tell you or to ask you
21 to please let me know if you don't understand
22 one of my questions or don't hear it for some
23 reason so that I can correct the situation.

24 Okay?

25 A. Yes.

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5

1 Q. And please try to wait until I finish the
2 question before you start your answer. Okay?

3 A. Yes.

4 Q. And give all of your answers in words not nods
5 or shakes of your head or even um-hums or
6 huh-uhs. All right?

7 A. Yes.

8 Q. And as I told the last witness, I don't think
9 we'll take too long with you, but you're
10 entitled to any breaks you want or for any
11 purpose. Just let us know, and we'll
12 accommodate it. Okay?

13 A. Okay.

14 Q. Now, sir, I believe you are the director of
15 mental health services at Holy Spirit; is that
16 correct?

17 A. Yes.

18 Q. Is that the accurate title? Did I say that--

19 A. Well, administrative director of mental health
20 services.

21 Q. And how long have you had that position?

22 A. About nine years.

23 Q. And what are its duties?

24 A. Well, I direct the services of the mental
25 health center, which would include the

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6

1 operations and direction of the staff and
2 clinical providers who render mental health
3 services here at Holy Spirit Hospital.

4 I'm responsible for the budgetary
5 responsibilities, the day-to-day operations of
6 the center with regards to manpower and
7 assigning duties, staffing levels, appropriate
8 resources to be allocated to providing mental
9 health services.

10 I'm not a clinician, so I'm not in charge
11 of the direct care. But I'm the director who
12 makes sure that those direct care services are
13 provided by the trained clinical staff.

14 And I'm also responsible for strategic
15 planning for policy and procedure development,
16 for implementing of procedures and programs,
17 and things like that, financial management of
18 the center for cost and revenue and purchasing
19 and things like that.

20 Q. Understood. Before I ask you more questions
21 about your job, let's step back and have you
22 give me a little description of your background
23 educationally and vocationally.

24 A. Okay. First of all, I have a master's in
25 business administration from Ohio University in

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1 Ohio. I have 22 years experience in
2 healthcare.

3 And I have 15 years in mental health as
4 administrative director and/or director, like,
5 chief operating officer of a psychiatric
6 hospital in Indiana. So I've had the
7 administrative director type position for 15
8 years.

9 Q. All right. And before your arrival at Holy
10 Spirit, was it just at that one hospital in
11 Indiana?

12 A. No. My entire career has been in several
13 hospitals. In mental health, I've been in a
14 hospital in Cleveland, a hospital in Indiana.
15 I was a consultant for psychiatric services and
16 then came here. So about four other locations
17 -- three other locations besides Holy Spirit.

18 Q. All right. And you've been here nine years?

19 A. Yes.

20 Q. And when did you earn your master's degree?

21 A. 1986.

22 Q. While I'm at it, I'll ask you, what is your
23 undergraduate degree in?

24 A. Business administration with an emphasis in
25 healthcare administration.

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1 Q. And when and where did you obtain that?

2 A. I received it in 1980 from Bowling Green State
3 University in Bowling Green, Ohio.

4 Q. Now, with respect to your job here at Holy
5 Spirit, is it a part of your duty to deal with
6 the arrangements between Holy Spirit Hospital
7 and Cumberland County with respect to the
8 delivery of any psychiatric services?

9 A. Yes.

10 Q. And first of all, can you describe for us the
11 nature of that arrangement between the county
12 and Holy Spirit?

13 A. Holy Spirit Hospital is a contract agency for
14 the Cumberland-Perry County MHMR program. We
15 have a contractual relationship with them on a
16 yearly basis. We have contracts to provide
17 services for the county or, I guess, the
18 consumers, the citizens of Cumberland-Perry
19 County for the Cumberland-Perry County MHMR
20 program.

21 That's done through a contract process
22 that is signed by Sister Romaine. But I get
23 the contracts together. I put together the
24 budget and the specifics about the contract.
25 And then Sister signs it.

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9

1 Q. All right. Let me ask you to tell us what
2 variety of services are provided by the
3 hospital through this arrangement with the
4 county.

5 A. We have several contracts with the
6 Cumberland-Perry County MHMR program. One is
7 called administrative case management, which is
8 a contract to provide case management --
9 general case management services for all of
10 Cumberland-Perry County citizens.

11 In other words, anyone who is receiving
12 mental health services and is paid for through
13 county money, we keep track of the information.
14 We sort of act as the case manager for that
15 information. So it's administrative case
16 management.

17 Another contract we have is for Crisis
18 Intervention services, which is a 24 hour, 7
19 day a week service that Cumberland-Perry County
20 contracts for us to provide that for them.

21 Q. Let me interrupt you before you go on. I know
22 Crisis Intervention is sort of a term of art in
23 the mental health services field. So can you
24 tell me what specifically that means; that is,
25 that the hospital provides Crisis Intervention

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10

1 services?

2 A. The Cumberland-Perry MHMR program is required
3 by law to provide Crisis Intervention or the
4 ability or service for people to be able to
5 either walk into a facility, telephone a
6 telephone number, or to have trained
7 professionals go to their home to assess, to
8 interact, to handle a crisis situation of a
9 psychiatric or social service type situation
10 for anyone who lives in these two counties.

11 Holy Spirit Hospital, through the
12 contract, provides the trained people to do
13 that for the county. It's a 24 hour, 7 day a
14 week service. At Holy Spirit, we provide it in
15 our emergency department.

16 We've also in the past provided it in the
17 mental health center building and in the
18 emergency room. But now we just do it in the
19 mental health center. But we have the trained
20 staff to provide that service as an agent of
21 the county.

22 Q. Understood. And is it through that contract;
23 that is, the contract to provide Crisis
24 Intervention services, that the hospital
25 processes, if I can use that term, what are

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1 called 302 commitments of psychiatric patients?

2 A. A 302 is a, like, a section of the Mental
3 Health Procedure Act that has guidelines to
4 follow, and it has its own definition. We will
5 do 302s or we will engage in the steps and
6 processes to do a 302 as the crisis program for
7 the county.

8 Q. All right. That's my question. And will the
9 hospital do 302s outside of the Crisis
10 Intervention program?

11 A. A 302 can be initiated in a variety of
12 different ways. And it might involve different
13 people other than the crisis staff, yes.

14 Q. I think I understand. Now, I interrupted you.
15 You were telling me the different types of
16 services the hospital provides through the
17 county arrangement: administrative case
18 management, Crisis Intervention services, what
19 else?

20 A. We have another type of case management which
21 is called intensive case management and
22 resource coordination. Those are a higher
23 level of case management with more severely ill
24 patients that have more hands-on work, liaison
25 and connection with patients than the general

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1 case management. So it's another level of case
2 management.

3 And then another contract is called teen
4 line student assistance program. It is a
5 program that specifically deals with child and
6 adolescent crisis situations.

7 But we work with the school systems in
8 Cumberland-Perry County to help the school
9 systems identify children at risk and go into
10 the schools to either help the teachers and the
11 counselors to assess or identify kids or
12 sometimes assess and identify kids at risk.

13 That's also a 24-hour hotline that's
14 answered either by the teen line staff or by
15 the crisis staff. But it's more geared toward
16 child and adolescence.

17 We have contracts to provide inpatient
18 care for citizens of Cumberland and Perry
19 County who the county will pay for. So in
20 other words, they will have a contract with us
21 to pay for their patients or patients who have
22 that as a payment source. And they pay up to a
23 certain amount of money. We have that same
24 with outpatient and with partial.

25 Those are three programs we provide to the

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1 general population. But if a patient comes in
2 and is covered by the county MHMR program as
3 the payer, we will have a contract for them to
4 pay us.

5 Q. All right. Understood.

6 A. Those are the-- Well, we have one more that's
7 called community service. That is sort of a
8 small contract to provide education material or
9 speakers or go out and do trainings for the
10 Cumberland-Perry County citizens. And they
11 will fund -- pay us for that time to go out and
12 do that.

13 Q. All right. Let me ask you a couple of
14 questions focusing on the Crisis Intervention
15 contract, if I can call it that. And we've
16 been provided with some documents, so I'm not
17 going to ask you the fine details of it.

18 But the contract for the provision of
19 Crisis Intervention services, can you tell me
20 in general terms now, how the funding is
21 handled; that is, is the hospital paid on a
22 per-patient basis, a per-service basis, an
23 annual basis, or what?

24 A. The contract with the county for the crisis
25 service is what is called a grant-funded

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1 program, grant-funded contract. The Holy
2 Spirit Hospital will create the necessary and
3 bring the necessary resources together to
4 provide the 24 hour, 7 day a week coverage that
5 the county wants us to provide or the service
6 that they want us to provide.

7 We hire the staff. We pay them their
8 salary and the fringe benefit and the overhead
9 expenses associated with providing that
10 service.

11 That is then put together in a budget. We
12 give them a budget, and they will pay us cost
13 or the budget we give them. So they allocate a
14 certain amount of money to crisis services that
15 they give to Holy Spirit in the contract
16 amount.

17 If it's a shortfall from the money or in
18 other words, if the hospital expenses are
19 higher than what the county gives us, then the
20 hospital subsidizes that program up to that
21 amount.

22 At the end of the year if there's extra
23 money left in the county funds to be able to
24 offset some of the money -- the shortfall, they
25 will try to pay us that.

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1 But the Holy Spirit Hospital will submit a
2 bill or an invoice each month of how much it
3 costs to provide that service. And the county
4 will pay either 1/12 of what they have
5 allocated or they'll meet that cost.

6 And then by the time -- by the end of the
7 year, it's either run out before the 12 months
8 or all of the county grant is paid to us.

9 Q. Right. I think I understand. Again, focusing
10 on the Crisis Intervention programs, who
11 specifies or determines what staff is
12 necessary, the hospital or the county?

13 A. First of all, the county gives us their service
14 expectations, their service requirements, how
15 many hours or what level of service needs to be
16 provided, what type of expectations in terms of
17 how long the phone can ring or how long people
18 can wait to receive services and so forth.

19 We, at Holy Spirit Hospital, then need to
20 meet that expectation or request through the
21 contract terms. Then it's Holy Spirit Hospital
22 that has to submit or to propose how to meet
23 those expectations.

24 So based on that and also volume
25 expectations or historical volumes of patient

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1 calls and walk-ins, we determine what the best
2 way to meet that demand, whether it's two
3 people a day on first shift, three people on
4 second shift and one on third shift, 24-7.

5 That's the hospital's responsibility for
6 meeting that staffing requirement. But it's in
7 concert with the county because the county does
8 psych visits. The county does audits. The
9 county will come over and discuss any
10 shortcomings to the program through their
11 expectations and contract.

12 So if we choose to only open seven days a
13 week, 7 to 5, we have not met their
14 expectations, and the contract will be in
15 violation.

16 So we sit down with them and propose that
17 yearly. And then it's tweaked or adjusted
18 accordingly.

19 Q. I see. Now, in that last bit of testimony when
20 you referred to the county making site visits
21 and so forth, is that the county MHMR office
22 that does that specifically?

23 A. Yes.

24 Q. And any individuals in particular?

25 A. It's been numerous people over the years. It's

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1 generally the mental health administrator or
2 deputy administrator, whatever their title is.

3 But that person's responsible for the mental
4 health portion of the MHMR program.

5 Q. All right. So at some point in time, Robert
6 Goril makes site visits to the hospital?

7 A. Yes.

8 Q. Now, can you give me a description of the type
9 of trained clinical personnel that are on staff
10 at Holy Spirit for the provision of mental
11 health or psychiatric services?

12 A. There's a lot of positions and a lot of
13 clinical people that provide mental health and
14 psychiatric services. I can begin in a general
15 sense or if you have more specific--

16 Q. Well, let's, at least for a few questions, try
17 to-- Well, I'll ask you. Would it be helpful
18 to restrict it to the provision of Crisis
19 Intervention services?

20 A. If that's what you want.

21 Q. Yes. That's what I want for now.

22 A. Okay. The professional staff members who
23 provide Crisis Intervention services have to
24 have a minimum of a bachelor's degree training,
25 whether it be in a psychosocial service

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1 background, a psychology background, a social
2 worker background, counseling background. They
3 have to have at least a bachelor's degree
4 first.

5 Based on their number of-- Well, I should
6 stop there. I missed-- RNs, registered
7 nurses, have provided Crisis Intervention
8 services in the past as well, because they've
9 been trained in psychiatric nursing. So we
10 have had RNs.

11 Now, with their minimum educational
12 background, then it's a matter of how much
13 training they may have had elsewhere,
14 experience elsewhere working in either a
15 psychiatric or mental health setting or a
16 behavioral health setting, whether it be in
17 drug and alcohol or in other types of
18 counseling centers or experience in that way.

19 That helps in terms of being able to hire
20 that person. If they come with the degree and
21 training but may not have a lot of training
22 with the crisis, then they'll be trained more
23 here at Holy Spirit with the supervisor and the
24 other crisis workers.

25 So there's a minimum educational and then

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1 it depends on the type of experience -- working
2 experience they have. That's all taken into
3 account before they're hired.

4 Q. All right. Now, I'm trying to ask this next
5 question in a way that makes sense. So I'll
6 make a statement first.

7 I recognize that obviously there are
8 psychiatrists with staff privileges at Holy
9 Spirit Hospital; that is, psychiatrists who
10 have admitting privileges and so forth.

11 But my question is, are there currently
12 any psychiatrists who are employees of the
13 hospital?

14 A. Yes.

15 Q. And where are they employed, in what kinds of
16 roles?

17 A. Psychiatrists are employed at Holy Spirit
18 Hospital to work within the mental health
19 center, specifically holding positions or
20 duties that we need to provide service.

21 We have adult psychiatrists who work in
22 our inpatient unit, also work in our outpatient
23 clinic and program providing outpatient
24 services.

25 We have child and adolescent psychiatrists

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20

1 who are hired to provide inpatient service and
2 outpatient services to children and
3 adolescents.

4 We have psychiatrists who function as
5 medical director of the mental health center.
6 And we have a psychiatrist who works as our
7 clinical director for child/adolescent
8 services.

9 And they're paid a salary or a stipend to
10 provide that administrative service. They are
11 employed as a means to pay them for the direct
12 services that we provide.

13 Q. I understand. Where is the mental health
14 center physically?

15 A. Physically it's located at the end of the
16 auditorium or education building, to the left
17 of the main hospital. As you're looking at the
18 front of the building, it's the building all
19 the way to the end.

20 Q. Are there psychiatrists employed, in the sense
21 that we're using it, to provide services in the
22 emergency department?

23 A. No.

24 Q. Now--

25 A. Well, I would like to qualify that.

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1 Q. Certainly. Go ahead.

2 A. We do not employ them to work in the emergency
3 room. Our employed psychiatrists provide
4 services in the emergency room, but they are
5 not employed to be working in the emergency
6 room.

7 Q. I understand. But if a need in the emergency
8 room happens, one of those psychiatrists could
9 respond?

10 A. Correct.

11 Q. Now, are there employed psychiatrists who have
12 as part of their specified duties assisting in
13 the evaluation of psychiatric patients brought
14 to the hospital under Section 302 of the Mental
15 Health Procedures Act?

16 A. Yes.

17 Q. And who are they, and what is their role?

18 A. Well, all psychiatrists on staff that have
19 responsibility to be on call and to respond to
20 the emergency room may be involved with doing a
21 302 assessment.

22 Q. I understand that. There's no one who's a 302
23 specialist or only does 302s. Correct?

24 A. Yes.

25 Q. Now, are there nurses or other clinical

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1 personnel whose work is first of all restricted
2 exclusively to working with 302s?

3 A. No.

4 Q. And are there-- How many nurses are there
5 trained to provide Crisis Intervention
6 services?

7 A. I don't know at this time if we have any nurses
8 working in the crisis program.

9 Q. All right. And back in November of 2000, was
10 that also true at the time of the Ryan Schorr
11 incident?

12 A. Well, my answer would be I don't know if there
13 were nurses as crisis workers at that time.

14 Q. I understand. That's fair enough. What other
15 -- and I recognize that you've given me some of
16 this information -- but what other kinds of
17 professionals do Crisis Intervention services
18 at the current time?

19 A. Well, there's no specific title or type of
20 patient -- or excuse me type of provider that
21 would do crisis. It's more of a general
22 behavioral health specialist professional of a
23 bachelor's level or higher.

24 They may have a master's degree or they
25 may have more of a post graduate degree, but

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1 they are behavioral health specialists or
2 behavioral health generalists more so.

3 An RN is a specific category of someone
4 who is a registered nurse. You might have a
5 counselor, you might have a DNA expert, someone
6 who's gone to school and got a master's in
7 social work is a crisis worker.

8 So there's no specific category other than
9 just a generalist in behavioral health or
10 mental health.

11 Q. Understood. Can you give me an overview of how
12 302s are handled at Holy Spirit when they come
13 into the emergency room, beginning at that
14 point?

15 A. Well, I need some clarification. Has a 302
16 already been initiated, assigned, and been
17 designated as a 302, thereby needing to have an
18 assessment done? Or how are you using the term
19 302?

20 Q. Well, yes, you're right. That is a confusing
21 question. But I'll try to restrict it to the
22 situation like the one I believe Ryan Schorr
23 was like. And that is one where a 302 petition
24 has been filed and the police have brought in
25 the subject for evaluation and possibly

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1 treatment.

2 A. What's your question again now?

3 Q. Can you give me an overview of how that process
4 works at the hospital?

5 A. If a person is-- If a 302 has been approved
6 and issued and a patient, a subject, is brought
7 in by the police for assessment, a physician is
8 required to assess that patient within two
9 hours, and--

10 Q. Does it have to be a psychiatrist?

11 A. No, it has to be a physician.

12 Q. Understood.

13 A. That physician makes a determination as to
14 whether or not that patient -- or assesses the
15 situation of that patient. And then a
16 determination is made as to what the next step
17 in that treatment is for them, for that
18 particular person.

19 Q. All right. Are you or have you been in your
20 capacity responsible for promulgating or
21 issuing any policies or protocols for the
22 handling of 302s?

23 A. As the administrative director, I'm required to
24 make sure that it does happen, that there are
25 procedures, and that there are, you know, staff

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1 and professionals that are able to do that and
2 that those are then done.

3 I, as director, will not personally write
4 the procedures or follow through with the
5 training, but I am to ensure that that is done.

6 Q. Understood. Have you been involved in any way
7 in investigating the Ryan Schorr incident, what
8 happened at Holy Spirit?

9 A. As administrative director, I would be involved
10 in investigating what happened, yes.

11 Q. Tell me what your involvement was, first of
12 all.

13 A. Well, I was called as the administrative
14 director about the -- when Mr. Schorr left the
15 facility and that he was -- the police were
16 called to bring him back and then what occurred
17 as that unfolded and--

18 Q. Give me a better sense of the timing of that.
19 When were you first called about Ryan Schorr,
20 at what point?

21 A. I think it was Saturday afternoon, early
22 afternoon.

23 Q. All right. Was it at a point before he was
24 shot?

25 A. I don't recall. I don't think so.

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1 Q. It was after the fact in your recollection as
2 you sit here today?

3 A. In my recollection, yes, it was after.

4 Q. All right. And who made the call to you?

5 A. My manager or supervisor of the crisis program.

6 Q. And who was that?

7 A. Rhett Bennie, he's the nurse manager of the
8 inpatient, but he's also responsible for the
9 crisis program.

10 Q. All right. Was his first name Rhett or Red?

11 A. Rhett.

12 Q. Rhett, okay. And what did Mr. Bennie tell you?

13 A. He described the situation, the events that
14 occurred. And then he proceeded to tell me
15 that he had been shot and killed.

16 Q. Did he tell you anything about Ryan Schorr's
17 state at the time he left the hospital?

18 A. I don't recall.

19 Q. Did he tell you anything about Ryan Schorr's
20 conduct or mental state during his stay at the
21 hospital?

22 A. I don't recall.

23 Q. All right. Now, I interrupted you. What other
24 involvement did you have in this what we'll
25 call the aftermath of this Ryan Schorr

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1 encounter?

2 A. Well, when I was made aware of it, I instructed
3 him to, you know, pull together the
4 information, to make sure we had a copy of all
5 of the crisis information that was gathered or
6 the information pertaining to that crisis
7 visit.

8 And I think I asked to have the record
9 pulled and held, you know, put aside so that we
10 would have it available to us, and then began
11 to ask questions as to what happened, you know,
12 and so forth.

13 Then as formal review, I was involved with
14 the formal review processes as the
15 administrative director.

16 Q. Tell me who you talked to during this review.

17 MR. YANINEK: Objection. Is this part of
18 the peer review?

19 A. Peer review would be involved, yes.

20 MR. YANINEK: But your review--

21 A. No, I would not be part of the physician peer
22 review, but the operational review of it, just
23 my own questions of asking Rhett Bennie and --
24 what happened.

25 MR. YANINEK: Okay. I object to any, you

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1 know, you giving any information that would
2 relate to the hospital's internal peer review.
3 But to the extent that the question or your
4 answers don't provide any information related
5 to that, you can feel free to answer.

6 A. I don't recall who I spoke with directly. I
7 would be just speculating who was involved at
8 that time.

9 BY MR. WILLIAMS:

10 Q. That's fine. Did you speak with Candice
11 Highfield?

12 A. I don't know when I was involved talking with
13 her.

14 Q. That's fine. What was her position at the
15 time?

16 A. Crisis worker.

17 Q. Did you speak with any persons who were in the
18 hospital, employees about the Ryan Schorr
19 situation?

20 A. I don't recall.

21 Q. And along the same lines, did you talk to any
22 police officers or departments about the Ryan
23 Schorr situation?

24 A. I don't recall, but I don't think so.

25 Q. All right. While I'm on that subject, I'll ask

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1 you, in your capacity, have you ever received
2 any complaints from local police departments
3 regarding Holy Spirit's handling of 302
4 commitments?

5 A. No.

6 Q. And have you ever received any complaints from
7 local police departments regarding elopements
8 from Holy Spirit or the number of elopements?

9 A. I can't say that I directly received a call
10 from a police chief or a police department to
11 say, I complained about your elopements.

12 Q. Well, I understand--

13 A. I'm aware that they're, you know, unhappy with,
14 you know, being involved or being called to
15 help us. But I'm not directly aware of anyone
16 calling me and formally complaining to me.

17 Q. I understand. How are you aware of whatever
18 unhappiness you're referring to?

19 A. Just-- I don't know how I'm aware of it. I
20 just am aware of it.

21 Q. Is it particular police departments that are
22 unhappy in your awareness?

23 A. We work with East Pennsboro police department
24 more than any other. Camp Hill would be
25 probably the next department we would work with

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1 because they're in our -- we're in their
2 jurisdiction, if you will.

3 Q. Right. All right. Did you ever have any
4 conversations with Chief Howard Dougherty of
5 the West Shore police about elopements?

6 A. No.

7 Q. All right. Now, still on the subject of
8 dealing with local police departments, is Holy
9 Spirit charged with or asked to provide any
10 training to police officers with respect to
11 handling emotionally disturbed persons or
12 mental health patients?

13 A. I'm aware that prior to my coming to Holy
14 Spirit and just in my beginning of my tenure
15 with Holy Spirit there was some work, some
16 training, some presentations made by former
17 supervisors of crisis programs and those in
18 charge of the crisis program.

19 And since the grand jury hearing, there
20 has been an increase in training and
21 involvement with the police departments on
22 that.

23 Q. All right. Has that increase been an increase
24 with respect to Holy Spirit personnel or county
25 personnel or what?

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1 A. As an extension of the crisis program that the
2 county contracts with, we've been working with
3 the police departments.

4 Q. All right. And who in particular at Holy
5 Spirit has been working with the police
6 departments?

7 A. Rhett Bennie and Bruno Dario.

8 Q. And who is Bruno Dario?

9 A. He's the direct supervisor of the crisis
10 program.

11 Q. And how long has he been the director?

12 A. Since February 2002.

13 Q. Who was the direct supervisor back in November
14 of 2000?

15 A. I believe Don Wiley was the working supervisor
16 like in the same position as--

17 Q. Right. Now does Dario and would Wiley have
18 reported to Mr. Bennie?

19 A. Yes.

20 Q. I assume, but correct me if I am wrong, that
21 you had no direct contact with Ryan Schorr; is
22 that correct?

23 A. Yes.

24 Q. And had you had any direct contact with Ryan
25 Schorr before his being brought to the

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1 emergency room on the day of his death?

2 A. I don't think so, no.

3 Q. Have you reviewed any records regarding Ryan
4 Schorr and any other encounters he may have had
5 with Holy Spirit? When I say "other", I mean
6 prior to his trip to the emergency room in
7 November of 2000.

8 A. Well--

9 MR. YANINEK: You can answer that
10 question.

11 A. Yes, as part of looking into the case, you
12 know, the situation, what happened, and so
13 forth, yes.

14 BY MR. WILLIAMS:

15 Q. And what have you learned about Ryan Schorr's
16 prior encounters with the hospital?

17 A. What have I learned?

18 Q. Well, let me ask you this. Can you-- Let me
19 ask you some general questions. What documents
20 did you review with respect to Ryan Schorr and
21 any prior encounters he had with the hospital?

22 A. The medical records.

23 Q. Fine. Can you tell me whether his previous
24 trips or encounters with the hospital were all
25 for psychiatric services?

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1 A. I wouldn't be able to tell if they were all
2 that way, no.

3 Q. I understand. Do you have any recollection as
4 to how many prior encounters he had with the
5 hospital?

6 A. No.

7 Q. Do you recall whether he was previously at Holy
8 Spirit for a 302 evaluation or treatment?

9 A. I do know he had another admission -- inpatient
10 treatment at Holy Spirit. That's really all I
11 know in specific about Ryan Schorr.

12 Q. That's fine. And that was an inpatient
13 admission?

14 A. Yes.

15 Q. I take it from your answer you're not sure
16 whether that was voluntary or involuntary as
17 you sit here?

18 A. Right. I just know peripheral and, you know,
19 general that he had an inpatient. I don't even
20 know the dates off the top of my head, what
21 those were. But I know he was an inpatient at
22 one time.

23 Q. I understand. We've had some testimony about
24 communications with county dispatch with
25 respect to Ryan Schorr in particular, I guess

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1 the subjects of 302 procedures in general.

2 Is there a set protocol for what and when
3 hospital personnel should communicate to county
4 dispatch?

5 A. I would say there's more guidelines. And each
6 situation is different based on the
7 circumstances and the presenting situation.
8 But there are guidelines.

9 Q. Are the guidelines written?

10 A. Many of the guidelines are described in the 302
11 or the Emergency Detention Act, and we follow
12 those. And then there are hospital guidelines
13 or procedures that, you know, correspond to or
14 complement or add to that.

15 But I would not say I'm an expert on
16 those. But they-- You know, we try to
17 operationalize the process and guidelines that
18 the 302 Act has established.

19 Q. I understand. Have you reviewed in this case
20 any of the communications that were made with
21 county dispatch about Ryan Schorr?

22 A. I don't know. How are you using the term
23 "county dispatch"? I don't know what that term
24 means.

25 Q. Do you know that after Ryan Schorr eloped a

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1 call was made to the county about that fact?

2 A. How are you using the term "county"?

3 Q. I mean to the 911 center.

4 A. I don't know. I do not know that.

5 Q. All right. That's fine. Do you know who Dr.

6 David Spurrier is?

7 A. Yes.

8 Q. And do you know what role he played with
9 respect to Ryan Schorr?

10 A. I believe he's an emergency room physician that
11 was on duty that day.

12 Q. All right. Is he a psychiatrist?

13 A. No.

14 Q. What is his specialization, if you know?

15 A. I believe he's an ER physician.

16 Q. Fine. That's all I have. Thank you.

17 MR. MacMAIN: I have no questions.

18 MR. YANINEK: No questions. Thanks.

19 (The proceedings concluded at 12:28 p.m.)

COMMONWEALTH OF PENNSYLVANIA :
: SS
COUNTY OF DAUPHIN :

I, Debra L. Heary, Reporter and Notary Public in and for the Commonwealth of Pennsylvania and County of Dauphin, do hereby certify that the foregoing deposition was taken before me at the time and place hereinbefore set forth, and that it is the testimony of:

STEVE BUCCIFERO

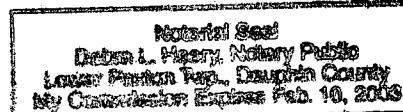
I further certify that said witness was by me duly sworn to testify the whole and complete truth in said cause; that the testimony then given was reported by me stenographically, and subsequently transcribed under my direction and supervision; and that the foregoing is a full, true and correct transcript of my original shorthand notes.

I further certify that I am not counsel for or related to any of the parties to the foregoing cause, or employed by them or their attorneys, and am not interested in the subject matter or outcome thereof.

Dated at Harrisburg, Pennsylvania this 10th day of September, 2002.

Debra L. Heary

Debra L. Heary
Registered Professional Reporter
Notary Public



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